# **510(K) SUMMARY**

This summary of 510(K) safety and effectiveness information is being submitted in accordance with requirements of SMDA 1990 and 21 CFR §807.92.

The assigned 510(K) number is:  $\angle K092302$ 

### 1. Submitter's Identification:

Mr. Guixi Liu Better Care Plastic Products Co., Ltd. Fuqian Xi Road, West district of Shenze Industrial Base, Shenze County, Hebei Province 050000

Date Summary Prepared: June 30, 2009

### 2. Name of the Device:

Better Care Plastic Products Co., Ltd.
Powder Free Vinyl Synthetic Examination Gloves with Aloe Vera, Green Color

### 3. Predicate Device Information:

Grand Work Plastic Products Co., Ltd Powder Free Vinyl Synthetic Examination Gloves with Aloe Vera, Green Color (K042830)

### 4. Device Description:

Classified by FDA's General and Plastic Surgery Device panel as Class I, 21 CFR 880.6250, Powder Free Vinyl Synthetic Examination Gloves with Aloe Vera, Green Color, 80 LYZ, and meets all requirements of ASTM standard D-5250-06e1.

### 5. Intended Use:

A patient examination glove is disposable device intended for medical purpose that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.

K092302

EXHIBIT #1 Page 2 of 2

# 6. Comparison to Predicate Devices:

Better Care Plastic Products Co., Ltd.'s Powder Free Vinyl Synthetic Examination Gloves with Aloe Vera, Green Color is substantially equivalent in safety and effectiveness to the Grand Work Plastic Products Co., Ltd. Powder Free Vinyl Synthetic Examination Gloves with Aloe Vera, Green Color.

# 7. <u>Discussion of Non-Clinical Tests Performed for Determination of Substantial</u> Equivalence are as Follows:

The standards used for Better Care Plastic Products Co., Ltd.'s glove production are based on ASTM-D-5250-06e1. All testing meets requirements for physical and dimensions testing conducted on gloves. Inspection level S-2, AQL 4.0.

The FDA 1000 ml. Water Fill Test was also conducted with samplings of AQL 2.5, inspection level I, meeting these requirements.

Primary Skin Irritation and Skin Sensitization (allergic contact dermatitis) testing was conducted with results showing no primary skin irritant or sensitization reactions.

A Residual Powder Test that based on ASTM D-6124-06 for powder at finished inspection is conducted to insure that our gloves meet our "powder-free" claims (contain no more than 2 mg powder per glove).

#### 8. Labeling:

There are no special labeling claims and we do not claim our gloves as hypoallergenic on our labels.

### 9. Discussion of Clinical Tests Performed:

Not Applicable – There is no hypoallergenic Claim.

### 10. Conclusions:

Better Care Plastic Products Co., Ltd.'s Powder Free Vinyl Synthetic Examination Gloves with Aloe Vera, Green Color conform fully to ASTM D-5250-06e1 standard as well as applicable 21 CFR references, and meets pinhole FDA requirements, biocompatibility requirements and labeling claims as shown by data in Section 7. There are no safety/efficacy issues or new claims from the "substantial equivalence" products cited.







MAY - 5 2010

Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

Bettercare Plastic Products Company, Limited C/O Mr. Jie Liu Surprotect, Incorporated 3973 Schaefer Avenue Chino, California 91710

Re: K092302

Trade/Device Name: Powder Free Vinyl Synthetic Examination Gloves with Aloe

Vera, Green Color

Regulation Number: 21 CFR 880.6250

Regulation Name: Patient Examination Glove

Regulatory Class: I Product Code: LYZ Dated: April 14, 2010 Received: April 15, 2010

### Dear Mr. Liu:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/AboutFDA/CentersOffices/CDRH/">http://www.fda.gov/AboutFDA/CentersOffices/CDRH/</a>
<a href="https://www.fda.gov/AboutFDA/CentersOffices/CDRH/">https://www.fda.gov/AboutFDA/CentersOffices/CDRH/</a>
<a href="https://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm">https://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm</a>
for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Anthony Watson, B.S., M.S., M.B.A.

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and Radiological Health

# INDICATION FOR USE

510 (k) NUMBER ( APPLICANT: DEVICE NAME:	Better Care Plastic Pro-		
INDICATIONS FO	R USE:		
		rice intended for medical a purpose that rent contamination between patient and	is
	·		
Prescription Use(Per 21 CFR 801.	OR .109)	Over-The-Counter-Use _ √ (Optional Format 1-2-96)	
(PLEASE DO NOT WI	RITE BELOW THIS LINE-CO	NTINUE ON ANOTHER PAGE IF NEEDED.)	)
(Division Stgn-Off)	ncurrent of CDRH, Office	of Device Evaluation (ODE)	
Division of Anesthesiology, General I	-lospital		
Infection Control, Dental Devices			

510(k) Number: <u>K 092302</u>